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# MEDICAL JOURNAL.

A Monthly Devoted to the Advancement of  
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M. E. VAN METER, M. D.

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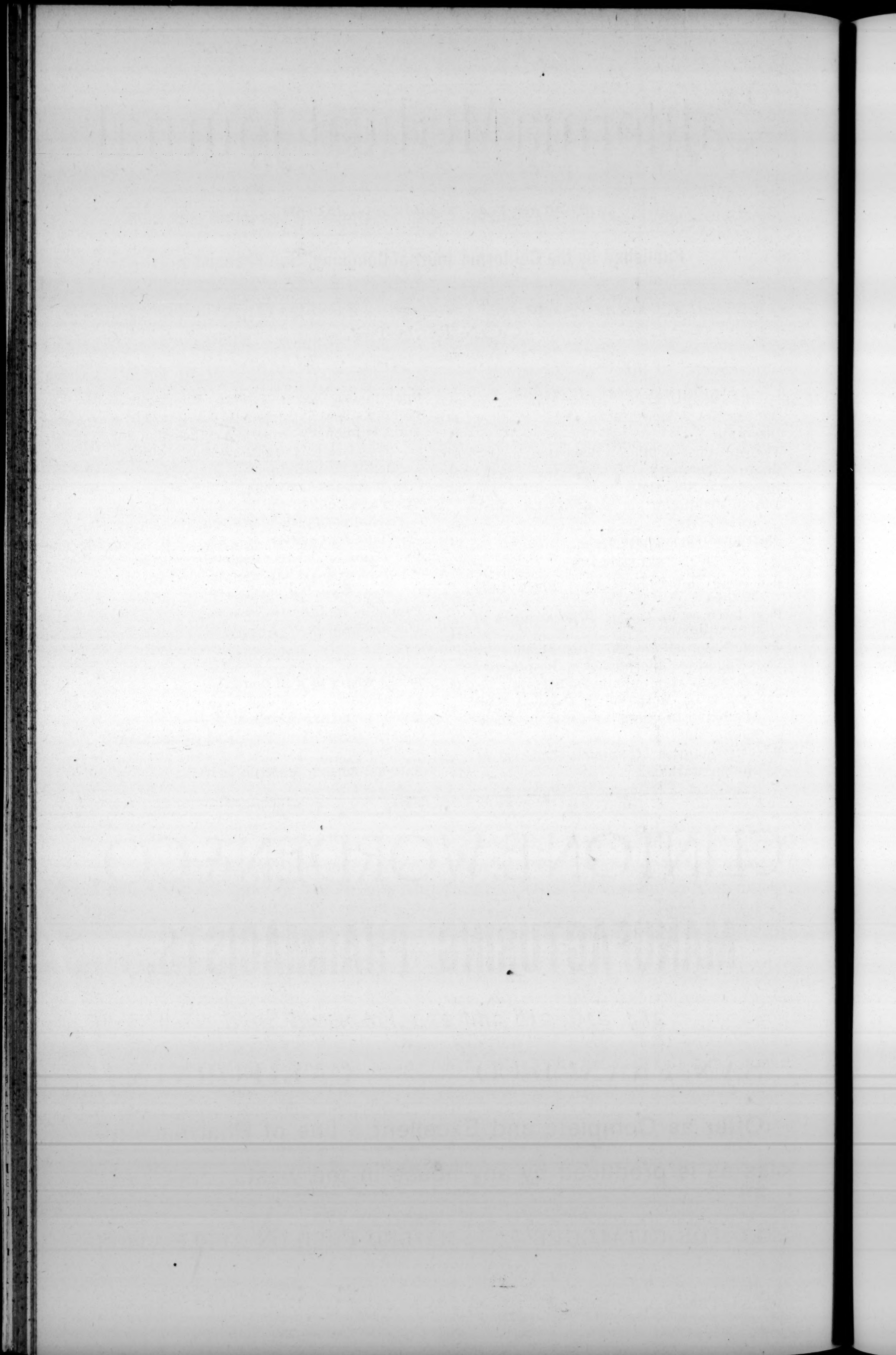
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The Board of Examiners of the Electic Medical Society of California, will meet throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of GEO. G. GERE, M. D., Secretary 112 Grant, Avenue, San Francisco.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain When you wish to begin a paragraph at a given word, place before it in your MS the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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A. J. HOWE, M. D., Professor of Surgery in the Eclectic Medical Institute, Cincinnati. Born April 14, 1826, died January 16th, at five o'clock, A. M., 1892.

Some one has said, "Death loves a shining mark." If this be true his love must have been gratified when he removed from the activities of this life Andrew Jackson Howe, M. D., who in surgery thus far has been Eclecticism's most illustrious son.

He was born at Paxton, Mass., in the year 1826, so that he



would soon have completed his 66th year. He was not altogether of plebeian stock, but could trace his ancestry through a long line of worthy progenitors—men who were not merely possessors of coats of arms and knightly distinction, but some of them were born leaders and resolute Puritans. But he depended not on these things. Professor Howe was very much of a self-made man. I have it from one of his first students (Dr. Goodale) now of Oakland, formerly of Rhode Island that the expenses of his university course were largely earned while he worked at the shoemaker's trade; and this man relates that when young Howe realized that he had sufficient for his expenses, with characteristic determination he threw aside his leathern apron and said to his fellow workmen, "There, I shall do no more of that work." After the common schools of New England, he fitted for college at Leicester Academy. He entered Harvard University in 1849, graduating in 1853. In 1847 he commenced the study of medicine with Calvin Newton, in Worcester, Mass. In 1855 he graduated from the Worcester Medical Institute. For a time he occupied the chair of anatomy at the Worcester Institute. In 1863 he was appointed to the chair of anatomy in the Eclectic Medical Institute. In 1871 he was transferred to the chair of surgery, which position he occupied to the time of his death, so that he had been connected with that institution nearly twenty-nine years. Up to within four weeks of his death his condition seemed to give promise of long service still in store for him; at that time a carbuncle began to manifest itself at the back of his neck. He determined to brave it out, refusing to quit work. New Year's day he was in his office, while his physical condition was loudly protesting. It was his last day out. He continued to grow worse; soon symptoms of septic absorption were manifest. It was now too late and he sank gradually, passing away at five A. M. Saturday, January 16, 1892.

Professor Howe was a great man, whether we consider his qualities of head or heart; and it would be hard to say which was his forte or strong side; that of teacher, writer or oper-



ator. As teacher he had a great work; and how manfully he performed it. Before his day Eclectics did but little surgery; the so-called regulars had the hospitals under their control, and they had a considerable monopoly of the surgery of the land—and many of the Eclectics were quite willing that this should be so. But Professor Howe changed all this. Into his teachings, whether clinical or didactic, he threw his strong personality, urging his students to master the science of surgery—not to resign it to their old-school neighbors. To a trembling student the writer has heard him say: “You see how it is done, *you* can do it. You *must* do it.” And with his lucid teachings before them and his words of confident expectation ringing in their ears, they have gone out to *do*. They *have done*, and they *are doing*, nobly. And to-day every state in this Union has not only Eclectic physicians, but, thanks to Professor Howe, Eclectic *surgeons*. Our own state, California, is especially favored, and whether you visit Southern California, where the golden sunlight sifts through an atmosphere perfumed with the fragrance of the orange blossom, or visit our busy metropolis, San Francisco, or go up into the North, where Shasta sits among the mountains in regal splendor, her peaks piercing the skies, and her head crowned with a diadem of perpetual snow, you will find in these places men who have been inspired by the teachings of Professor Howe—men who as surgeons are making grand surgical reputations. Well may we say of our Professor: “He, being dead, yet speaketh.”

As a writer, Professor Howe, in his own chosen field—that of surgery—was one of the most lucid that ever took pen in hand. A given subject which takes the ordinary writer several pages to elucidate, he would often make plain in a paragraph. I shall run little risk of successful contradiction in saying that there is no book on surgery in the English language which, for its size, contains more well-digested information on the subject of which it treats than does Howe's Art and Science of Surgery. Take this book on Surgery, Howe's Fractures and Dislocations, and Howe's Gynæcolog



ical Surgery, and the physician has a good surgical library.

But it will be as a journal correspondent that he will be most widely missed. Thousands have looked for his contributions every month. And how they will miss him! Howe was an omnivorous reader, and his articles were illustrated from every field of thought. As a comparative anatomist and naturalist he ranked high. He was a member of the Cincinnati Society of Natural History, the University Club, Cuvier Club, and of the American Association for the Promotion of Science. But that versatile, forcible pen—thoughts from which have delighted and instructed thousands—is dry. On whom, as a writer, shall his mantle fall?

As an operator Professor Howe was bold; his work was done with dispatch. While he was glad to receive light, he followed no man slavishly; many of his methods were peculiar to himself. One thing may be safely said of him: As an operator he was a success. This fact is shown by his great reputation, both in his own, and neighboring states.

As a therapist, I think Professor Howe deserves more credit than he gets. His list of remedies is very meager, but he knew where to use these few. I think as a therapist he has improved wonderfully within the last twelve years. He does not see remedies altogether as the specific medicationist sees them, and yet, as one of his friends said, "He deserves to be called a direct medicationist." Did he see a peripheral wrong he was very apt to look for a centric cause. He was not satisfied to give belladonna in a case where there were dilated pupils; but he would want to know the cause of the dilated pupils. His aim, in treating the sick, was to remove the cause. In acute dysentery he recognized the trouble, not one purely of flux, but of constipation and vascular enlargement and irritation of the intestinal tract through this vascular wrong. Here he came in with his magnesium sulphate, in small doses, relieving the constipation and vascular wrong, and thus removing the dysentery. His methods of medication were on the physiological line, and will repay investigation.

In conclusion, I am no hero worshiper. I believe no man



has a higher estimate of Professor Howe than I have, and yet I do not claim that he was perfect. Nature had been lavish with him; with such a make-up his enjoyment of life and the things of life was intense. Full of vitality and what has been termed "the insolence of health," can we wonder that at times he should have been aggressive. A man with the make-up, physical and mental, that he had, and having had to make his own way as Professor Howe had, could not help being aggressive. Nay, it was largely this very condition that carried him to the front and kept him there. And though he was sometimes the aggressor, yet he was never vindictive. Nay, he was magnanimous. The writer has known him to suffer wrong, and, though conscious of his ability to overwhelm his opponent, with true nobility he has not said a word. Why? That the interests of the cause and school he had espoused should suffer no damage.

He has gone from our midst, suddenly, unexpectedly; and thousands of his students who loved him almost as a father would not have had it so; and yet the writer discerns in this removal the hand of a kind Providence. Professor Howe had always been at the front, a fighter for liberty and progress; not merely in the ranks, but at the front, a born leader. How hard would it have been for him to resign that position under the disabilities of age. Henceforth we shall think of him, not as old, decrepid—querulous voice, trembling hand, and all the signs of oncoming senility, but we shall think of him as "Howe, the Leonine." That head which pointed him out as the possessor of a brain, with perceptive, reflective, and executive ability beyond the ordinary, those piercing eyes, that nose, mouth and whole face, saying so plainly that none might mistake their meaning, "I understand the business in hand, and I can carry it through," the hand so dexterous with the knife, and so deft at enucleating the malignant from the benign, this is the picture that will remain with us, and we would not have it otherwise.

Brethren of the National and of the various states and local Eclectic Medical organizations: Howe has gone. Though



he was many years happily married to a most estimable lady, yet he leaves no issue in his own line to continue his name and work. His removal leaves a niche in our ranks which no one man can fill, for we have no one man so many-sided. Let us close up our ranks, and by God's help take up the banner that has fallen from the hands of our loved chief, and determine to carry it forward by our united efforts to a success which he never dreamed of. His dust is in the ground, but his memory shall be held dear in our hearts till we bow to the same power, and, for the present, with gratitude for his example and work, we will say, "*Requiescat in pace.*"

JOHN FEARN, M. D.,

CAL. OAKLAND.

We have received from the Cudahy Packing Company, of Omaha, a sample of their extract of beef, "Rex Brand." This product belongs to that class made by the "Liebig Process" but is a very great improvement on those hitherto produced. It is free from objectional odor, is but slightly salted; and shows a complete absence of that burnt taste, which has always been a marked feature of the preparation known as "Liebig's Extract," and extensively advertised in the daily papers. An analysis of the Rex brand states that it contains 53.61 per cent of combined albuminoids. We find it to be of an agreeable flavor and very palatable, and consider it to be the best extract of its kind that has so far been placed on the market.

From Occidental Medical Times, Sacramento, Cal. Oct. 1891.



## Insomnia.

By F. Cornwall, M. D., Professor of Diseases of the Eye, Ear and Throat

All will agree with me, perhaps, that sleeplessness is but a symptom which may occur as a result of different diseases and bodily conditions, and not a disease; however, in our later civilizations it is so frequent and persistent as to give it extraordinary prominence.

Just the amount of sleep necessary that a man in the ordinary avocation should have that he maintain healthy bodily conditions, is difficult to determine. Each one is a law unto himself, it would appear, yet those who sleep nominally little or a great deal are neither of them gifted or endowed with anywhere near ideal conditions of life. The individual who sleeps very little, although appearing in perfect health, usually runs, it may be brilliant and short course, and dies comparatively young, while the one who sleeps very many hours is not noted for intellectual brilliancy or great accomplishments. These are general rules to which there may be individual exceptions.

Sleep is "Nature's sweet restorer." During this period a great part of the functions of the brain and body are suspended, the muscular system becomes relaxed, the mind ceases to give attention, and the nutritive forces have opportunity to repair waste and the tired places have a rest. The cares of the day are all forgotten, while we flit through the vistas of dreamland. In those whose nutritive forces are more active, a greater number of hours of sleep are needed, as in the young and growing, and while in periods of convalescence from wasting disease. When maturity is reached, the hours of necessary sleep are diminished, until in old age, when the physical activities are lessened, and hence bodily waste is very little, there is difficulty in indulging in but a small part of the time in sleep in infancy. Thus, then, it may be seen that the design of sleep is to give nature time to construct or develop and to repair waste tissue lost



by exercise of bodily energies. It follows, then, the more perfect the sleep the more perfectly will all these vital processes be performed and any influence that disturbs sleep, such as the depressing emotions, would repair waste and growth.

These remarks have been designed to be introductory to the real subject, *insomnia*, or "sleeplessness." This affection, if such it may be called, is of very frequent occurrence in the practice of every city physician. In an ordinary country practice—or among people who live by physical toil—it is comparatively infrequent, and then usually is caused by some form of constitutional disease. It occurs mostly among those who are subject to great mental strain, and the worst of these are caused by distressing disappointments. Intellectual labor in itself does not predispose to brain conditions which induce insomnia. It is not the work, but the worry of business which does the harm. It is a noted fact that literary workers are possessed of the greatest longevity of any class of modern civilized people. It is possible to crowd a youth in school till his brain is *fagged*, but this is partly through the anxieties incurred by competitive examinations, and more still through selecting unphysiological hours in which to do their heaviest mental labor, viz.: at night before retiring. One of the elements of the modern disease, neurasthenia, is insomnia, but in this case the nervousness has had its origin in these same depressing emotions. I claim that in the majority of cases, insomnia has had its origin in anxieties. Mental strain, attention, continuous, without physiological periods of rest, will surely undermine the nervous integrity. Some men "key themselves up" to a high pitch and keep themselves so for many hours of the day, denying themselves ordinary pastimes of evenings. They never let themselves out of a business mood during all their working hours. It is only a matter of time when such a man will suffer from insomnia. It, on the other, hand is very rare that you see a business man who enjoys jokes and laughs at them, and tells them—that spends his evenings playing innocent games, dancing, etc., etc., but that sleeps well when the time comes



and the opportunity presents itself. A friend of mine, who has insomnia and works ten hours a day at a dental chair, says "life's a d——d treadmill." It is to him. He seldom laughs and when he does it seems to almost pain him. And yet he is one of the best men I ever knew. He feels the great responsibility of the care of his family on him, and is making this awful sacrifice of his life. He sleeps about three hours a night and the remainder of the night he lays and thinks of his troubles, real or imaginary, and kicks the footboard.

Another marked case of insomnia which recently occurred in my practice has a history like this: Male, age 38; belongs to a family usually successful in business and of strong vitality and long life. About five years ago he embarked in a business enterprise of great risk and proportions and after two years severe application failed. He then made another business effort in which he failed and now is engaged in one which promises to be successful. This man's brows are knit, and all the muscles of his face are contracted, giving the impression of extreme earnestness. Gradually for two or three years insomnia has increased on him until, at the time of his application to me, he did not average an hour a night of sound sleep. And yet this man was possessed of more than ordinary physical endurance—ate fairly, and in other respects his bodily functions were in tolerable condition, but he was slowly withering up into a prematurely old man.

But not all cases of insomnia have so worthy motives for their motives. Some have melancholy temperaments and are always looking for and fearing the worst, and when some depressing cause in the nature of an ailment depresses their naturally low spirits, they sink into the deepest gloom, and drag every one who has the misfortune to be associated with them into a miserable mood. Insomnia here sets in and then the morbid condition of mind has more time to brood, and so the nights are spent in sighing.

Disappointment in love will often induce insomnia in a



woman, particularly if she have much time to herself, in which to encourage her feelings of self pity. With a man who is equally intimately associated with both sexes in business, and is compelled to be pleasant and seem cheerful there is little probability of insomnia from such causes. The great safety for any one from the bad effects of disappointment of any kind, is to have to work and appear to be happy.

It is one of the incipient conditions of insanity, insomnia, but those whose brains are well constructed do not go crazy easily. Only those who have insane temperaments suffer these derangements so readily.

As regards the treatment, I would say that it is first necessary to know the cause and then to have the requisite influence over your patient. I would have a business man who keeps himself on a high tension 'let loose,' so to speak. Instruct him that nothing more can be accomplished by this mental strain than by simply doing in an easy way every thing. It will be necessary to have patients of this kind cultivate a sort of recklessness as regards business results, and encourage, or rather demand, that pleasurable recreations be indulged in, and these must be physical, such as rowing, hunting, bicycling, dancing, general calisthenics, etc., etc. It will be no use to have your patient endure physical exercise without it exhilarate him. You must teach him to enjoy his life—to have fun every hour of the day, whether he desire it or not. This he must take as a medicine or method of cure, and according to the law of our being that *change is rest*. In this case you change the mental condition and rest the brain.

It is necessary also to properly feed these patients. Cod oil is almost always beneficial, inasmuch as it supplies the oily constituents of the tired brain and which the organs of assimilation have improperly done from ordinary food. Lager beer or whisky are good in certain cases because they blunt the hyperesthetic sensibilities. The beer is best taken about an hour before retiring and in the pleasant company of friends through whose anecdotes they may be



induced to laugh. By such a course the second case reported in this paper was cured in two weeks so that almost normal sleep was induced. As regards the melancholy individual if they would only die I would advise you to let them, but they do not possess this disposition to gratify their friends but on the contrary live always. (They had best be placed where there is cheerful surroundings so as their associates may be retained through their more pleasant and cheerful demeanor. (If they can be cured of their physical maladies upon which the aggravation of their malady depends cure it if you can.

I would induce the disappointed lover to expose herself or himself, to a new contagion, which of course, they will be extremely averse to, and if it should not "catch" the enterprise of making the attempt will divert the mind. I wish the reader to realize that it is not so much what you may understand, or direct, these cases as that which you possess the capability of having done. You must, if necessary, frighten your patient into obeying your orders. It does not suffice to tell them they ought to do so and so, but that these directions they must follow at the peril of their health or sanity. One man may be governed by reason, another by threatened penalties which may be out of proportion to the expectancy.

I would say further that your patient must have a good conscience if he sleep well, but inasmuch as such awakenings are a fear of something—and usually one of two agencies—the sheriff or the devil you ought if smart relieve him in either case.



### Therapeutical action of Remedies.

BY J. C. ANDREWS, M. D.

#### DYNAMYNE.

The new preparation from tobacco "Dynamyne" is destined to be a valuable remedy for local application in many instances.

Mr. R.—presented himself to me with as numerous a crop of "Pediculis Pubis" as one would care to see. They had located all the available territory in sight from the symphysis pubis to the clavicular region, and it appeared as though every hair was invested by a nit; the pubic region especially was so covered with them, and so burrowed in the skin, causing such irritation, as to make it quite unbearable to the patient, compelling him to seek relief medically, and having recently procured a bottle from Prof. J. W. Lloyd of Cincinnati, Ohio. I thought this a good opportunity to try its virtues as a paraciticide, therefore I prepared the following:

R. Dynamyne

Aqua pura

aa 3ij

M. Sig.—Apply to parts affected every three or four hours with a soft cloth, as long as any signs of life were visible.

After the first or second application the itching ceased, and as far as can be observed, the nits were all dead; as two or three weeks subsequently no signs of life was apparent. I am using it in a case of cancer of the tongue in connection with "Escatol," but up to the present no apparent benefit is manifested, great care is necessary in using it. I intend to use it on some cases of Tinea Capitis if I don't succeed with other treatment.

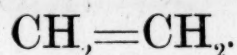


## ORGANIC CHEMISTRY.

BY PROF., M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO, CAL.  
Professor of Chemistry and Toxicology, in the California Medical College.

### THE OLEFINES OR ALKYLENS.

Unsaturated hydrocarbons  $C_nH_{2n}$ . They contain two H's less than the paraffin series. In their general structure two adjacent C atoms are united by a double affinity. Example



As far as physical properties are concerned the Olefines resemble the normal hydrocarbons; the lower members are gases; the ethereal liquids, while the higher (from  $C_{16}H_{32}$  up) are solids. Generally their boiling points are a few degrees higher than those of the corresponding paraffins.

Being unsaturated in the second degree they can unite directly with two univalent atoms or groups with Cl. Br and I. they combine directly, forming oily liquids; hence the designation of ethylene as olefiant gas, and that of **Olefines** for the entire series. (Polymerism (*πολύς* many and *μέρος* part.)

Polymerisation of Olefines. When acted upon by dilute Hcl.Zncl etc., many olefines sustain even at ordinary temperatures polymerisation or condensation, in consequence of the union of several molecules.

Thus there results from isoamylenes  $C_5H_{10}$  di-isomylenes;  $C_{10}H_{20}$  tri-isomylenes;  $C_{15}H_{30}$  etc. Nascent H converts the olefines into paraffins  $C_2H_4 + H_2 = C_2H_6$   
Ethene
Ethane

For table normal Olefines see page 34. In treating of the Olefines the same general plan will be pursued as was practiced with the paraffins i. e. each one will be taken up separately, and traced through all of its oxidations and side salts, from its ether to its acids. In this we work altogether from table No. 6. Taking up methylene we trace its oxidations in a straight line from left to right, ending with its side salts.



## SALTS OF METHYLENE.

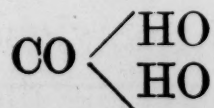
**Methylene**  $\text{CH}_2$  the first member of this series does not exist. In all the reactions in which it would be expected to occur we obtain only polymerides, as ethylene propylene etc. It is considered as unsaturated in the second degree, hence it is ready to combine without further reduction, and it is its own radicle.

The first oxidation or Ether  $\text{CH}_2\text{O}$  Methylene oxide is known as methyl or Formic aldehyde, see page 41. The polymeride Paraformaldehyde  $(\text{CH}_2\text{O})_3$  seems to be the proper oxide of this olefine, as it is made from Methane ioxide or glycollic acid. It is a white crystalline mass insoluble in  $\text{H}_2\text{O}$  alcohol and ether. When heated it gives out an irritating smell, and sublimates below  $100^\circ$ . When heated with  $\text{H}_2\text{O}$  to  $180^\circ$  it assumes its simple molecule  $\text{CH}_2\text{O}$  with  $\text{H}_2\text{S}$  it forms Parathioform Aldehyde  $(\text{CH}_2\text{S})_3$  which possesses the order of leeks.

Methylene di-acetic ester  $\text{CH}_2(\text{OC}_2\text{H}_3\text{O})_2$  is an oily liquid, insoluble in  $\text{H}_2\text{O}$  and boiling at  $170^\circ$ . Methylene Dimethyl Ether  $\text{CH}_2(\text{OCH}_3)_2$  and the di-ethyl ether  $\text{CH}_2(\text{OC}_2\text{H}_5)_2$  are known.

The glycol  $\text{CH}_2(\text{HO})_2$  is not known to exist. Whenever it should occur it splits up into  $\text{H}_2\text{O}$  and methylene oxide or (maldehyde)  $\text{CH}_2\text{O}$ .

The acid is carbonic  $\text{CH}_2\text{O}_2$ .



This acid is also known in the list of oxy acids as oxy-formic, it is treated of extensively in inorganic chemistry. (which see)

**Ethylene**  $\text{C}_2\text{H}_4$  see page 35. The second olefine is known in commerce as olefiant gas. It forms about 6 per cent of illuminating gas. It is a colorless gas with a peculiar sweet odor. Its sp.gr. compared to H is 14.

**Ethylene Oxide** (ether)  $\text{C}_2\text{H}_4\text{O}$  is isomeric with acetaldehyde, and is produced on distilling Ethylene chlorhydrin  $(\text{CH}_2\text{Cl}.\text{CH}_2\text{OH})$  with  $\text{KHO}$ . It is a mobile pleasant smelling



iquid, boiling at  $13.5^{\circ}$ , and at  $0^{\circ}$  it has a sp.gr. of 0.898.

It is miscible with  $H_2O$ , gradually combining with it to form ethylene glycol.

The **Esters** are numerous but unimportant. **Ethylene Alcohol** (unsaturated) is known as Vinyl Alcohol ( $C_2H_3HO$ ). It is isomeric with acetaldehyde  $CH_3CHO$ . Several side salts are known, such as vinyl chloride-Iodide-Bromide and vinyl ethyl ether.

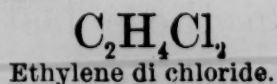
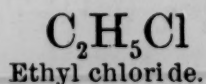
The glycols are neutral, thick liquids holding as far as their properties are concerned, a place intermediate between the monohydric alcohols and trihydric glycerols. The solubility of a compound in water increases according to the accumulation of OH groups in it, and it will be correspondingly, less soluble in alcohol, and especially in ether. There will be also an appreciable rise in the boiling temperature, while the body acquires at the same time a sweet taste, inasmuch as there occurs a gradual transition from the hydrocarbons to the sugars.

In accord with this, the glycols have a sweetish taste, are very easily soluble in water, slightly soluble in ether, and boil much higher (about  $100^{\circ}$ ) than the corresponding monohydric alcohols.

Ethylene glycol (alcohol)  $C_2H_4HO$ . This is a colorless thick liquid with a sp.gr. of 1.125 at  $0^{\circ}$  and boiling at  $197.5^{\circ}$ . It is miscible with  $H_2O$  and alcohol. Ether dissolves but little of it.  $HNO$  oxidizes glycol into glycollic and oxalic acids.

It may be prepared by heating Ethylene Bromide with considerable quantity of  $H_2O$  at  $170^{\circ}$ . It is also formed when a solution of  $H_2O_2$  and  $C_2H_4$  are confined with each other.

A series of side salts are formed from Ethylene oxide and glycol. Analogous to those formed as side salts (Esters etc.) from ethyl ether and alcohol. Example:



**Ethylene Dichloride**  $C_2H_4Cl_2$  is commonly known as Dutch liquid. If one volume of Ethylene and two of Cl are equally mixed and the whole ignited, a deep red flame passes



through the mixture. Ethylene Dichloride and HCl is formed and a heavy cloud of soot is deposited. It is a thin oily liquid, insoluble in  $H_2O$  and possessing a pleasant smell and sweet taste. It is one of the by products in the manufacture of chloral.

**Amidisethionic Acid** or **Taurine** ( $C_2H_4(NH_2)SO_3H$ ). It occurs in human bile, free, but is chiefly in combination with cholic acid and as taurocholic acid. It is also formed in the kidneys, lungs and muscles.

### Intercostal Neuralgia.

By C. F. Howe, M. D. Pomona, Cal.

It was called for Nov. 15, 1891, to see Mrs. M., aged 65. I found her in bed suffering severe pain in her left side along the course of the intercostal nerve trunks. Upon examination I found the parts swollen and extremely sensitive to the touch. I also found three points of tenderness; one near the spinal exit of the nerve, the second near the middle of the nerve and the third near the lower extremity of the sternum. Herpes Zoster was present along the course of the affected nerve; five of the different spots; covered with a brown, dry crust. Patient had no appetite, bowels constipated, tongue dry and coated white. I prescribed kalmia at. gtts. v. aqua  $\bar{3}$  iv. teaspoonful every hour alternate with macrotys gtts. viii. aqua iv.  $\bar{3}$ .

Nov. 16. Patient much better; less pain but very sensitive.

Nov. 17. Patient about the same as day before. I changed medicine to gelsemium gtts. iv. aqua  $\bar{3}$  iv. teaspoonful every hour alternate with ranunculus bulb gtts. iv. aqua  $\bar{3}$  iv. Ordered vaseline for the eruption.

Nov. 18. Patient decidedly better; hardly any pain; side less sensitive than it had been at any time.

Kept her on these last remedies for a week; patient improving all the time.

At the end of three weeks scales all came off, parts slightly sensitive.



Jan. 1. Patient cured. I used Lloyd's Specific Medicines with the exception of the Ranunculus. I offer these remarks as a suggestion to any one having a similar case. No doubt the treatment may be improved upon.

### **Annual Meeting of the State Eclectic Medical Society.**

The Eclectic Medical Society of the State of California held its eighteenth annual meeting Dec. 8 and 9, 1891 in the Cal. Med. College Hall at 1422 Folsom St. San Francisco.

The meeting was called to order at 1:30 P. M. Dec. 8th. President Geo. W. Stout M. D. presiding.

At roll call all the officers and a large number of members were present. The regular order of business was taken up and at the proper time the petitions for Fellowship of the following named physicians were read and the applicants elected.

G. M. P. Vary, C. E. Hailstone, W. B. Church, Benj. Stetson, Chas. H. Wheeler, Dora M. Hamilton, F. V. Wall, J. G. Tomkins, S. S. Hall, J. R. Goodale, A. S. A. Sanders, and J. T. Farrar.

The report of the secretary of the Board of Examiners was read showing that since the last report, certificates had been granted to eighteen physicians: Under the head of papers. Dr. C. J. Sharp of Oakland, read a paper on "Tonsilitis and Enlarged Cervical Glands." A paper on "Phimosis, Its Reflexes and Treatment," was read by Dr. M. E. Van Meter in which he reported thirteen cases in which circumcision effected complete cures. "Experience with Uterine Myoma, was ably presented by Dr. W. B. Church. The papers were each discussed by the members and many valuable points were brought out.

Among the many cases brought before the society was that of a young man 28 years of age who had been affected 13 years ago with malignant erysipelas, it having affected all of the large joints, the sternum and several of the ribs also a case of a house-maid's knee, the treatment of which was adverse producing necrosis. The patient has since been reported as improving rapidly.



The committee appointed at the last annual meeting to take charge of, Edit and Publish the Cal. Med. Journal, reported the Journal as being in a self-sustaining condition as regard to finances, but that it needed money to liquidate the balance of indebtedness of opening the publication office. The report of the committee was accepted and the committee discharged with a vote of thanks, and was then re-appointed for another year, (since which time however, Dr. W. A. Harvey has resigned from said committee, and the President appointed Dr. A. E. Scott to fill the vacancy.)

The society then passed the following resolution, which ratified the action of the committee in levying an assessment during the past year for Journal purposes.

*Resolved.* "That each member of this society be assessed the sum of Five Dollars (\$5.00) for the CAL. MED. JOURNAL the same to be due and payable to the secretary immediately."

The election of officers for the ensuing year resulted as follows:

J. W. Hamilton M. D., president,	San Francisco.
C. H. Hervey M. D., first vice-president,	San Jose.
J. Stark M. D., second vice-president,	Oakland.
W. A. Harvey M. D., (re-elected) Rec. Sec.	San Francisco.
J. C. Farmer M. D., (re-elected) Cor. Sec.	San Francisco.
C. J. Sharp M. D., treasurer,	Oakland.
Board of Censors. J. P. Wilkes M. D., Farmington; J. G. Tomkins M. D., San Francisco; H. W. Hunsaker M. D.	
Board of Examiners. D. Mclean M. D. San Francisco; G. G. Gere M. D., San Francisco; F. Cornwall M. D., San Francisco; J. W. Hamilton M. D., San Francisco; M. H. Logan M. D., San Francisco; C. N. Miller M. D., San Francisco; A. E. Scott M. D., San Francisco. The society then adjourned to meet again Dec. 13, 1892.	

W. A. HARVEY, Sec.  
112 Grant Ave. San Francisco.

Dr. Hailstone of the class of '91 has opened a nice office in Oakland. He is a young man of pleasing manner and fine ability, and aught to succeed anywhere.



### Obstructed Menstruation.

A. L. Colerick, M. D.

There are several causes by which the catamenia may become deficient in quantity as well as in quality; and physicians that are engaged in a general practice, often come in contact with the above mentioned disease.

And sometimes they are called upon at their office by patients for prescriptions to bring on the monthly flow where the cause is pregnancy. And I am sorry to say that there are some of the medical profession that are so unprincipled as to consent to do such a deed. For unless there be deformity of the pelvis, (or other cause), so that the fetus could not be born at full period of gestation, the physician that would administer a drug, or by mechanical means, cause an abortion, is guilty of a heinous crime, and *will* be punished sooner or later; because he not only deprived a human being of existence, but may be the cause of the death of the patient or lay the foundation for poor health during the remainder of her life. Physicians should be the most conscientious and honest of all the professions, because their temptations are the greatest!

A little more than a year ago a peculiar case of catamenial obstruction came under my treatment. Mrs. J. Q., aged 46, disease, Salt Rheum, and bad condition of the blood in general; history something like the following. She enjoyed comfortable health until the time of puberty.

Her "monthly" appeared the first time at the age of fourteen years, and seemed to be perfectly normal, and lasted about the usual length of time; three days. The next appearance of the menstrual flow was fourteen years afterwards, at twenty-eight years of age. Again it was normal, and came on without pain or premonitory symptoms, and lasted the same length of time as before, also the usual quantity. In the meantime, during the *interim* between the first and last time of the menstrual flow, she was treated by several physicians to remedy the difficulty; (because her mother thought she ought to come round.)



But to no purpose; nature would have her own way. While she was under my treatment I gave emenagogues but also failed in accomplishing the desired result.

Case number two is the reverse of the former. I was called on the coming of the 22nd ult. to see Mrs. D—aged 43; symptoms were irregularity of the heart's action, Dyspnea; excessive diaphoresis, tongue coated with a dirty brown coating. The paroxysms passed off in about two hours and the patient rested pretty well during the remainder of the night. Afterwards on examining the heart more closely, diagnosed the heart trouble to be dropsy of the pericardium. The peculiarities in the history of the case are these, she enjoyed good health until the age of puberty; and the catamenial flow not coming on at the usual time. A sea voyage was recommended, and she came to America (from England). She began to menstruate at the age of 15; at 16 she was married and soon became a mother, and gave birth to six living children beside one miscarriage in eight and a half years. Her monthlies would come on soon after each child was born, and continue until she became enciente again; and consequently had to wean her children when they were a little more than a year old in order to nurse the next one that came into existence.

At times she would be attacked with menorrhagia and would be obliged to keep her in bed. The menopause took place at the age of 41 years.

#### **Announcement.**

The C. & P. Department of THE CUDAHY PACKING COMPANY, have removed the eastern office and salesroom, from 83 John street, to 57 North Moore street, New York City, where they will have more spacious, commodious quarters. A large stock of canned goods and other meat products, in addition to a complete, well-assorted stock of beef extract, pepsin and all their other pharmaceutical specialties, will be carried at this number.

Mr. Otway Latham, a traveller of large experience in handling pharmaceutical preparations, will have charge of their laboratory products.



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Dr. John Snook of the class of '87, California Medical College, is having fine success in Bakersfield.

He was tendered lately, unsolicited, the railroad surgery between Tulare and Mojave, notwithstanding the fact that allopathic practitioners had in their applications the backing of influential friends.

We are always pleased to hear of our graduates and trust that they will always prove themselves men and women of honor and integrity in the community in which they locate.

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### Positive Proof.

An Irish woman who was suing her husband for a divorce, on the grounds of infidelity; made the statement that she had positive proof that her husband had been untrue to her.

When asked by the Judge what was her proof she replied, "O'im shure he is not the father of me last choild."—Next.

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## SELECTIONS

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### Removing A Tongue.

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#### THE ELECTROLYSIS METHOD.

Several days ago, we mentioned that Dr. Wilkins had successfully removed the tongue of a man by electrolysis process, the operation having been necessitated by the fact that the tongue was diseased with cancer. The case is an unusual one, and has excited a great deal of interest, and we now learn that the patient, George Egern, of Lower Chapel street, is making a satisfactory recovery. Strangely enough, the patient has not suffered the least pain since Dr. Wilkins performed the operation, though previously the pain was most severe, and was aggravated by speaking, eating, and swallowing, and extended to the top of the head, the ears, and over the face. The disease had, unfortunately, been allowed to run its natural course too long without operative treatment, and most of the tongue had become involved, as well as the structure in the floor of the mouth, to such an extent that copious hemorrhage had nearly destroyed Egern's life two nights before the operation, this being the consequence of the ulceration extending into the lingual artery. The reason there has been no pain is that Dr. Wilkins dissected down upon and across the sensory nerve of the tongue thus giving instantaneous relief from pain. Electrolysis is a new term to most people, and some explanation of the process should prove interesting to our readers. There is no case on record, as far as the doctor knows, where the tongue has been removed by "electrolysis." Dr. Wilkins has been studying and practising electricity since he was under Sir Morell Mackenzie, in London, and he has removed numerous tumors, both simple and cancerous, external to the body, by the peculiar electrical action. Reasoning the matter out, he concluded the tongue could be removed by the same method of "electrolysis," and the case described is an excellent example of the success of the doctor's reasoning, for not a hitch occurred from the beginning to the end of this bold operation. No artery had to be tied, and the hemorrhage was quite insignificant. Electrolysis is the act or process of decomposing a compound substance by electricity; in other words, it signifies decomposition by electricity, or, technically speaking, electro-chemical decomposition. Practically, the term is now chiefly restricted to the electrical decomposition of morbid growths by means of needles, when needles connected with the poles of a galvanic battery are inserted into a tumor, de-



composition of its fluid constituent parts takes place. Hydrogen and alkalies, soda, potash, etc., go to the negative pole, and oxygen and acids go to the positive pole. As the human body is mostly composed of water holding salts of potash, soda, etc., in solution, it is a good electrolyte or material to work upon, and in the most of the conditions of disease undergoes rapid decomposition. Cancer of the tongue being largely composed of water, decomposes rapidly. Space here will not allow a more detailed description. The great advantage of the method is less liability to recurrence of malignant tumors. Dr. Wilkins removed several cancers externally to the body over three years ago, and all are quite well up to the present date. Cancer is now pretty well understood to be a local disease, and if treated early the vibrations of the electric force not only pass between the poles but extend to a considerable distance in all directions from them, and much further than the effect of caustics would reach. There is, again, less hemorrhage than in other methods of operation and also less liability to shock, while the healing is better than other operations, and there is less liability to blood poisoning; many patients, too, dread the knife. The only disadvantage really is that electrolysis requires apparatus more or less bulky, and they require great experience in their management.

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PHYTOLACCA AS AN ANTIFAT.—According to the Homeopathic News, the fluid extract of phytolacca berries is recommended for the production of superfluous fat.

In cases treated the patients lost from ten to fifteen pounds in a month, without experiencing digestive disturbances or any other disagreeable symptoms.

Particular attention is called to the part of the plant employed; viz., the berries, as the preparation from the root has not proved a success in such cases.—NOTES ON NEW REMEDIES.

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#### THERAPEUTICS OF INDIAN HEMP.

Dr. Suckling says that in *insanity in women*, due to mental worry or moral shock, Indian hemp acts almost like a specific. He usually gives ten minim doses of the tincture three times a day, combined with iron and strychnine. He has also found it of great value in *mania and melancholia*, and in cases of *chorea* where arsenic fails; in such he combines it with hydrate of chloral. In *migraine* it is also useful, given with or without phosphide of zinc, when the severity and frequency of the attacks will be immediately diminished. It is also a valuable gastric sedative in cases of *gastric ulcer and gastrodynia*.—*Brit. Medical Journal*.



## USE OF WATER BEFORE AND AFTER MEALS.

[*The Dietetic Gazette.*]

Opinions differ as to the effect of the free ingestion of water at meal times, but the view generally received is that probably it dilutes the gastric juice and so retards digestion. Apart from the fact that a moderate delay in the process is by no means a disadvantage, as Sir William Roberts has shown in his explanation of the popularity of tea and coffee it is more than doubtful whether any such effect is in reality produced.

When ingested during meals, water may do good by washing out the digested food and by exposing the undigested part more thoroughly to the action of the digestive ferments. Pepsin is a catalytic body, and a given quantity will work almost indefinitely, provided the peptones are removed as they are foamed. The good effects of water, drunk freely before meals, have, however, another beneficial result—it washes away the mucus which is secreted by the mucous membrane during the intervals of repose, and favors peristalsis of the whole alimentary tract. The membrane thus cleansed is in a much better condition to receive food and convert it into soluble compounds. The accumulation of mucus is specially marked in the morning, when the gastric walls are covered with a thick, tenacious layer. Food entering the stomach at this time will become covered with this tenacious coating, which for a time protects it from the action of the gastric ferments, and so retards digestion. The viscid contents, a normal condition in the morning before breakfast, are not suitable to receive food. Exercise before partaking of a meal stimulates the circulation of the blood and facilitates the flow of blood through the vessels. A glass of water washes out the mucus, partially distends the stomach, promotes peristalsis, and prepares the alimentary canal for the morning meal. Observation has shown that non-irritating liquids pass directly through the “tubular” stomach, and even if food be present they only mix with it to a slight extent.—BRITISH MEDICAL JOURNAL.

I have never yet found a case of colliquative sweating, which I could not wholly control, or greatly benefit by the use of sulfonal. It should be given at 6 or 7 o'clock in the evening, as it does not begin to assert itself in less than 3 hours. It acts more quickly if given in some warm water or tea. It also secures the most natural sleep, and with the greatest certainty of any drug I have ever tried. The dose is from 5 to 10 grains.—THE MEDICAL GLEANER.



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THE VAPOR OF CHLORPHENOL IN RESPIRATORY DISEASES.

Dr. Tacchini, of Pavia, has obtained a preparation, to which he has given the name of chlorphenol and for which he claims a very high antiseptic power. Chlorphenol, he explains, is a very volatile fluid, whose vapor is heavier than air. When applied to wounds, ulcers, and discharging glands the improvement is marked. In regard to its therapeutical value, by inhalation, among other claims, the following are put forth:

1. The inhalation of chlorphenol is easily borne in advanced phthisis and is convenient in application.
2. No injurious effects arise from its continuous use.
3. Changes in the quality and quantity of expectoration, till pus and bacilli disappear; cough is diminished; fever reduced; appetite and sleep soon returned; the body weight increases rapidly and the local improvement is speedily performed.

The dominant phases of the drug are: applicability, innocuity and efficacy.—*Weekly Med. Review.*

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ALUMINUM IN DIPHTHERIA.

Dr. E. Dickenshied, Spinnertown, Pa., in a paper read before the Lehigh Valley Medical Association, states that aluminum was first used by his father a decade ago, in a case of which he supposed to be hopeless diphtheria, as a disinfectant. The patient recovered, and since then 257 diphtheritic patients have been treated with but two deaths. The remedy is used in solution of follows:

R. Aluminum chloride	dr. 8
Aluminum bromide	dr. 4
Boiling water	dr. 64

M Sig.—Place over a bath until dissolved.

Its local action on the diphtheritic membrane is to loosen it around the edge and to dissolve it rapidly so as to give the edge a very ragged appearance. Its astringent action reduces throat congestion. The solution is also used, in proportion of one to seven of water, as a gargle or in an atomizer, and at the same time takes from five to ten drops.—ST. LOUIS CLINIQUE.



### THE ABUSE OF MORPHINE IN PARIS.

One of our exchanges states that the improper use of morphine subcutaneously is said to be extending very rapidly in Paris, with deplorable results, both mentally and physically, to the unhappy victims of the seductive habit. To meet the demand of the morphio-maniacs certain speculators have recently opened two establishments, to which people can go to have their craving after the poison gratified—the one for men, the other for women. They are not clandestine houses; the police are quite aware of their existence, and everything is decently and properly conducted at them. The drawing rooms in which visitors are received are luxuriously furnished, and provided with books, newspapers, etc., for those who care for them. The price charged for the first injection of morphia is five francs, succeeding ones being half that price. A journalist who visited these establishments says the majority of the visitors were young men and young and pretty women.—ST. LOUIS MED. & SURG. JOURNAL.

### A NEW METHOD OF DRESSING THE CHEST IN PNEUMONIA, PLEURISY, PLEURODYNIA, ETC.

William Hunt (Annals of Gynecology and Pediatrics, 1891) advises the following method to dress the chest in a case of pleurisy, pleurodynia, etc:

Do it on a large scale, in the same way that we now dress abrasions, bruses, etc.

If there is to be any cupping or other preliminary operation, have that attended to; then all the ingredients wanting, are pure collodion and absorbent cotton, in smooth layers, and a good broad brush like a mucilage brush.

Apply a thin layer over the side affected, from spinal column to sternum, and secure it with collodion smeared thoroughly over it. Then go on with thick layers, securing them with collodion until a good padding is obtained, paying particular attention to the edges. In double cases you can act accordingly. The advantages are:

- 1 The one dressing, if well applied, will last throughout the case; thus



2 The fatigue and discomfort of frequent poulticing are avoided.

3 The side, in single cases, is held as in a splint, while the free side does the breathing. A first-class non-conductor is covering the chest. It is possible that the contracting colodion may have some influence in controlling the bloody supply.

4 There is no particular interference, in one who has a good ear, with physical examination. Maybe it would be a good thing if there was; for having once made the diagnosis, what is the use of exhausting the patient every day by trying to find out whether one-eighth of an inch, more or less, is involved? The general symptoms will tell that.—AMERICAN JOURNAL MEDICAL SCIENCES.

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#### MEDICINAL QUALITIES OF NUTMEG.

The *Medical Bulletin* says: "The medicinal qualities of nutmegs are worthy of considerable attention on account of their value in the treatment of diarrhoea, many cases quickly yielding to the administration of  $\frac{1}{2}$  dram in milk. Insomnia may be effectually relieved by them when opium fails and chloral is not advisable. It is also sedative in delirium tremens, and can be given with safety and marked benefit. An excellent ointment for itching and irritable hemorrhoids is composed of 2 drams of powdered nutmegs, 1 dram of tannic acid, and 1 ounce of lard."—*National Druggist*.

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#### REMOVAL OF MOTHER-MARKS.

The *Allgemeine, Medicinal Central Zeitung* gives the following as very efficacious: Mix one part of tartrate of antimony with four parts of emplastrum saponatum and work into a paste. Apply the mixture over the mark to be removed to the depth of one line (one-twelfth inch), and cover with a strip of gummed paper or court plaster. On the fourth or fifth day suppuration sets in, and in a few days later scarcely a sign of the mark can be seen.—*American Med. Journal*.



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SPUTUM AS A DIAGNOSTIC SIGN.

In phthisis we have nummular sputum; looks like coin; which floats in a clear liquid.

In measles we have nummular sputum, which floats in an opaque liquid.

In bronchiectasis there is stinking sputum; also in fibroid phthisis we have stinking sputum.

In cancer of the lung, we have sputum that looks like currant jelly.

In pneumonia, we have rusty colored sputum.

In oedema of the lung, the expectoration is serous.

Where we have pneumonia terminating in gangrene of the lungs, the sputum is exceedingly fetid; greenish or brownish

The sputum of chronic bronchitis, when associated with disease of the heart, looks like the white of egg mixed with water, and may amount to a quart or half gallon in twenty-four hours.

The sputum of chronic bronchitis, when not complicated is large, broad and irregular, and in greenish or yellowish.

—Morris, in *Times & Register*.

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KUMYSGEN.

This is something entirely new and for the first time a delicious article of kumyss is available in a condition that can be readily utilized without inconvenience or risk of spoiling. It is prepared in the form of a dry tablet, containing every desirable constituent of the well-known kumyss and only need to have added to it, in a suitable bottle, the proper quantity of water to produce in a brief time an effervescent, palatable and elegant article. Possessing all the desirable constituents of kumyss, the following advantages are claimed for Kumysgen.

That it is in a dry form and can be kept indefinitely in that condition; that it can be carried readily and without any risk; that it can be prepared in large or small quantities, as desired; that it is uniform in its taste and quality; that there is no spoiling of stock or breaking or loss of bottles, and that it contains more soluble casein than any kumyss made, being thus more nutritious.

It is just being placed on the market by Reed and Carnrick, of New York, from whom full information in regard to the preparation can be obtained on application.—*Weekly Med. Review*.



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### Cudahy's Beef Extract.

Among the things which a woman always wants in her supply closet is a can of Cudahy's Beef Extract. By buying this, she can patronize home industries conscientiously, as it is all made in the chemical and pharmaceutical department of the Cudahy Packing Company of South Omaha. The "Rex" brand beef extract possesses a fine flavor, is convenient and quite economical to keep in the household for the preparation of beef tea, soups, gravies, salads, etc. Added to almost any kind of soup it will improve the flavor and make it a much more nourishing dish with which to initiate the meal. It may be spread on buttered bread, providing you with a substantial sandwich, made into the form of beef tea, iced or hot bouillon and served at the soda water counter winter or summer.

From the "Omaha Excelsior" October 10, 1891.

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### ACID SOLUTION OF IRON.

The Acid Solution of Iron has become an indispensable medicine in my practice. Although a pleasant preparation when simply given in water I find the following combination much more convenient to dispense, being a beautiful golden yellow liquid, exceedingly pleasant to taste, and fully as effective as when given in water:

R. Acid Sol. Iron,	3i.
Spts. Orange,	gtt. xv.
Simple Syrup,	q. s. ℥iv.

M. Sig.—A teaspoonful.

This may be given every 3, 6, or 8 hours, as the case in hand demands. I have had excellent results from this preparation in chronic catarrh in anemic subjects, and in other pathological states where the complexion of patient was pallid but mucous membrane of lips cherry red.

It stands pre-eminent as a tonic in debilitated conditions, especially in convalescence from fevers, and in cases characterized by exhaustive discharges. I find chronic tibial ulcer to be greatly benefited by it. By its administration the appetite is improved, and there is a gain of flesh and strength. As Prof. Howe claims for it it does not provoke febrile phenomena like most preparations of iron.—MED. GLEANOR.



The spirits of orange is easily prepared by peeling off the outer layer of the orange rind which contains the oil cells and macerating it in dilute alcohol, (alcohol and water equal parts) for two weeks, when it will be ready for use.—THE MEDICAL GLEANOR.

#### FATAL PULMONARY EMBOLI.

Mrs. R. expected to be confined about November 1st. She was the mother of two children. Both confinements had been normal and easy. Youngest child one year old, girl; oldest three years, boy. In October I was called to attend the boy in what proved to be a severe case of typhoid fever. His life lay as in a balance for nearly two weeks. His mother was his constant watcher and the mental strain told severely on her. October 29 I made my last visit to the boy he being convalescent.

November 6th I was called to see the mother and found her with a temperature of 103°. I diagnosed the case as one of typhoid fever. The temperature stood 102° morning; 104° evening from that time on. November 10th, about 6 a. m., labor began. I found her temperature 102°; pain, slight; vertex presentation; os soft and dilating. About noon the membrane ruptured. Expulsive pains came on at once and continued. The head descended, entered the pelvis, and the occiput presented at the vulva, slightly distending the perineum, when suddenly she turned purple in the face and was in a state of collapse. I instantly applied the forceps, which were in readiness, and quickly and easily delivered her of a still born child. I gave the lady several hypodermic injections of whiskey and by shaking and dashing cold water in her face, general friction and other appropriate measures we established respiration again. I then gave a hypodermic of strychnine sulph. 1-25 gr., morphine  $\frac{1}{4}$  gr., atropine sulph. 1-75 gr. She improved shortly and swallowed at intervals whiskey and strong coffee, taking in all about four ounces of whiskey and one cup of coffee. The radial pulse could not be felt for a time, but gradually returned; it was small thread-like, very rapid and difficult to count. Respiration was also rapid and difficult and her lips still remained purple. The placenta was expelled, the patient losing scarcely any blood, and the uterus could be felt firmly contracted. In about thirty minutes from the first attack she had another exactly like the first, which refused to yield to the same methods and in a few minutes she had a tonic spasm with slight opisthotonos and died.



She had no symptoms at any time of kidney trouble. There was no rupture of the uterus; neither did she take any ergot.

I would invite comment on this case from the brethren of THE WORLD. W. B. IN MEDICAL WORLD.

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#### A SUGGESTION FOR HYPODERMIC PURGATION.

At a meeting of the Louisville Medical Society, one of the members, Mr. Flexner, called attention to a comparatively new drug, the eseredine, from the laboratory of Boehainger in Germany. It appears that so far its use has been restricted to animals on whom it acts subcutaneously, as a purgative. Should this action be reproduced in the human subject, we shall probably find a valuable addition to our Pharmacopeia. The principle of active purgation in any stage of peritonitis as an effectual means of draining the peritoneum is now very generally recognized. There are often difficulties, however, in the way of administering croton oil or other powerful cathartics by the mouth, especially where vomiting is already a pronounced symptom. As another speaker pointed out at the same meeting it is very desirable that we should have something as a purgative to act in a manner corresponding with apomorphia as an emetic. Certainly a drug that would act rapidly in the manner indicated, without undue depression of the nervous system would be invaluable in many conditions of the abdomen and pelvic organs. The suggestion is of very great interest and of possible future value, and surgeons who make the abdomen the field of their operations may find it worthy of careful attention. The mastering of all bodily functions, physiological and anatomical, by the local selective action of remedies is probably only a matter of time.—MED. PRESS—MED. AND SURG. REPORTER.

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THE EXAMINATION OF PHENACETIN by means of Chloral Hydrate.—2.5 gms. of chloral hydrate are melted in a test tube on a water-bath, and 0.5 gms. of phenacetine to be tested is added. If the phenacetine be pure it will dissolve, forming a colorless solution which only after prolonged digestion acquires a pink tint; but if the sample contains even a trace of impurity the mixture will assume an intense violet to reddish or blueish violet color, according to the amount of impurities present.—*Notes on New Remedies.*



## COMEDONES.

Dr. Stelwagon, in treating a case of comedo, advised the use of saline laxatives, and locally tincture of *sapo viridis*; to be applied with a flannel rag, first dipped and wrung out of hot water, then a drachm of the tincture poured on, and applied by rubbing in thoroughly.

Also, the application of the following stimulating lotion:

R. Tincture cantharidis	f. dr. iv
Tincture capsici	f. oz. j
Ol. ricini	f. dr. ss
Glycerini	q. s. ad. f. oz. iv
— <i>St. Louis Clinique.</i>	

## SEAT WORMS.

R. Tincturæ rhei	gtt. xxx
Magnesiæ carbonat	grain iij
Tincturæ zingiberis	gtt. j
Aqua, q. s. ad	fl. dram iv

M. Sig.—Warm and use as injection three times daily.  
—*The Doctor.*

Minerba states that he has achieved brilliant results from injections of naphthalin. He uses the following:

R. Naphthalin	grain xv-xx
Olive oil	dram iiss-iiij

M. Sig.—Use as injection.

—MEDICAL BRIEF.

The beef of America, that feeds the hungry, of all nations is concentrated into an extract of delicious flavor, which is made into soups, gravies, stews, beef tea, etc., and has become a great favorite with those who knew how to use it.

The great "Rex" brand, made by The Cudahy Packing Company, of Omaha, is the purest and best in the market. It never spoils. Try a cup of it at the exhibit in the East Wing. From the Portland Industrial Exposition Daily, Oct. 14, 1891.



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ETHER AS A VEHICLE FOR MEDICINES USED EXTERNALLY.

The *Satellite* translates from the *Pharmaceutische Zeitung* and publishes the following valuable suggestions respecting the use of ether as a vehicle for the more effectual application of medicines used externally:

"The inefficiency of remedies used in frictions depends partly on their insolubility in the secretions of the sebaceous glands. Sawyer advises, in these cases, instead of an oily liniment or of an ointment, the use of substances dissolved in ether, iodine, menthol, camphor, capsicum and belladonna; these have given him good results. The ethereal solution of menthol is particularly active against all pains that are accessible by external treatment."—*Weekly Medical Review*.

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MENTHOL IN PRURITIS.—According to the researches of Dubreuil and Archambault, who have studied the effects of menthol in a variety of pruritic affections, it is stated, "that nothing can equal it for the relief of the itching of urticaria, itching eczema, and pruritis ani, and all skin diseases where scratching keeps up the lesion of the skin."

In ordinary cases a ten per cent. solution in alcohol, olive or almond oil may be employed, or from two to five per cent, of menthol may be added to oxide of zinc ointment. Upon an excoriated surface or a mucous membrane, care must be exercised not to use too strong applications, as a disagreeable sensation of burning results in such cases.—NOTES ON NEW REMEDIES.

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## METHYL VIOLET FOR CYSTITIS.

At a recent meeting of the Kansas City Academy of Med., Dr. T. J. Beattie reported a number of cases of obstinate cystitis which he cured by irrigating the bladder with solutions of methyl violet (1:1000). Marked improvement was noticed as early as the second day of treatment, and in three weeks an entire cure was effected.—NOTES ON NEW REMEDIES.

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## CAMPHORIC ACID IN ACUTE CORYZA.

A cotton-wool tampon charged with a two per cent solution of camphoric acid, and introduced into the nostril, gives rapid and permanent relief in acute coryza.—NOTES ON NEW REMEDIES.



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THE ACTION OF CARDIAC DRUGS UPON THE SIZE OF THE HEART.

By means of carefully-mapped-out diagrams of the cardiac dullness, made under varying conditions, GERMAIN SEE (*La Pratique Medicale*, June 9, 1891) has been able to demonstrate that the area of cardiac dullness, and hence the organ itself, is subject to varied modifications in size, dependent upon a periodic weakness, with flaccidity of the muscle and loss of its elasticity, a condition which is well marked in acute febrile diseases, chlorosis and in various affections of the digestive apparatus and of the female genital organs.

The application of this mensuration of the heart to the study of the physiological action of cardiac drugs adds something of value to our knowledge of their therapeutic effects.

Sparteine most strongly and most promptly reduces the dimensions of the heart, and most powerfully strengthens its muscular substance and increases its tonicity and elasticity. Diuresis has not been observed.

Digitaline equally diminishes the volume of the heart, but acts principally upon the right cavities, appearing however, to have this effect only when they have been previously dilated, and therefore only in a pathological state.

Iodide of potassium decreases the size of the heart, but less markedly than sparteine.

Antipyrin increases the total volume without influencing the contractility or the arterial pressure.

Bromide of potassium acts like antipyrin, and consequently is opposed to the iodide. It dilates the heart, perhaps more decidedly the right cavities.

Caffeine has no effect upon the cardiac muscle, but stimulates very efficiently the muscular element of the arterial system, and hence increases tension. For this reason it acts as an excellent diuretic.—*Univ. Med. Mag.*

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AGCAICINIC ACID IN THE NIGHT SWEATS OF PHTHISIS.

Combemale and Patoir (*Bulletin Medical du Nord*, May 22, 1891) have investigated the action of agaricinic acid as an anti-sudorific drug. They find that its only physiological action is to prevent sweating, no matter what the diseased condition causing it, but that it is especially valuable in tubercular patients in the second stage of the disease. Two doses of two to four centigrammes are sufficient for this indication. The drug should be exhibited in a pill mass containing two centigrammes, and one or two of these pills can be given every day without causing any disagreeable symptoms, if there already exist no digestive troubles. The diminution or sup-



pression of sweating is manifested two hours after administration and lasts about six hours. The authors prefer this drug to atropine and camphoric acid, believing it equal to tellurate of soda.—UNIV. MED. MAG.

A most superb fracture dressing is made by using the material the ladies call "wiggin." It may be cut into the necessary sizes, dipped into hot water and applied. When dry it is hard and stiff, very light and not bulky. It can be opened at any point, as it cuts easily, and may be laced, facilitating frequent examinations of the limb.—CHICAGO MED. TIMES.

I am sure that nine-tenths of the febrile diseases of infants can be controlled by aconite. It is the "child's sedative" when given in small doses. It is always indicated when the pulse is small and frequent.

R. Aconite spec. tr. gtt. iii-v.  
Water ℥iv.

Sig.—Teaspoonful every half hour for two hours. After four doses have been given, give one teaspoonful every hour.—MED. GLEANOR.

#### PAPIOD IN DIPHTHERIA.

R. Papoid gr. x.  
Aqua oz. ss.

M. F. solution

Kohts and Asch painted diphtheritic membranes with this solution every fifteen or twenty minutes with a soft brush. They found that the oftener the application was made the more readily membranes disappeared. Kohts treated several hundred cases by this method with the greatest success.

R. Papoid dr. ij.  
Beta-naphthol gr. iiij.  
Acid hydrochl. dil. gtt. xv.  
Aqua destil. ad. ox. iv.

M. ft. solution. Sig.—Use carefully and thoroughly by means of hand atomizer every half hour on throat and through nostrils on posterior nares and pharynx, if deposit extends to these localities. Papoid solutions should be made fresh daily.—*Ex.*



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THE ANAL REFLEX.

Rossolimo says this reflex consists in a contraction of the anal sphincters in a response to a stimulation to the skin and mucous membrane of the anus. It is invariably present in man in health. The branches of the inferior hemorrhoidal, pudendal and perineal nerves, on which this reflex depends, are connected with the third and fourth roots of the sacral plexus, which spring from nerve cells in the conus medullaris. This reflex can be obtained in the dog as well as in the man, and Rossolimo cut the spinal cord across at different levels from above downwards; whenever the lumbar enlargement was cut across at the level of entry of the third sacral nerve, the anal reflex suddenly disappeared, from which it follows that the cells of the spinal cord which are connected with this reflex are situated in the third quarter of the lumbar enlargement, reckoning from above downwards. In another series of experiments the lumbar enlargement was exposed and the sacral roots were cut one at a time. By this means it was proved that the anal reflex depended upon the integrity of the third and fourth sacral roots. This reflex, therefore, has its seat in the cord lower than any other reflexes. To obtain the anal reflex the patient may be either standing, the operator separating the glutei, or laying on his side, with the legs drawn up. The skin and mucous membrane of the anus may be stimulated by stroking with a pin, a feather, a piece of paper of some suitable object. The reflex is shown by a contraction of the spincter and ani externus and if it is very strong there is a drawing in of the whole anus and even some times a contraction of the glutei. In women the testing of this reflex may be conveniently combined with a gynæcological examination. The author has examined this reflex in a great many conditions and he comes to the following conclusions: It is increased in some cases of neurasthenia, in cases of myelitis high up in the cord, and in conditions in which there is a general exaltation of sensations. It is lost in multiple neuritis affecting the sacral plexus, in some cases of tabes and in myelitis of the lower part of the cord and in these cases there is generally also anæsthesia of the rectum, anus and urethra. It remains normal in functional derangements of the bladder, the rectum and the sexual apparatus.—*Boston Med. and Surg. Jour.*—*Alienist and Neurologist.*



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EDITORIAL.

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**Be Not Weary In Well Doing.**

When we calmly take a retrospective view of the rise and progress of Eclectic Medicine, we feel that while we have not attained that degree in medical science—for surely it is a science—that we may desire; yet our practice comes nearer being on a scientific basis than any other system of medication, known at the present time; and we feel that we have done and are doing much good in the cause of progressive medicine; and should not grow weary while we are doing well; nor must we lose sight of the fact that while we have done much, there is *much more* to be done.

We have relegated to *innocuous desuetude* a system of medical practice, which wrought upon suffering humanity, more misery and more deaths than the diseases it sought to cure. We have elevated medical knowledge from a system of ignorant bigotry and empiricism, that to-day would be considered no better than witchcraft, and any one who would dare practice it would be deemed a murderer and prosecuted as such, and have placed it on the road that will ultimately end in an acknowledged *science*.

Still the good work must go on; the fight must be kept up. We have much yet to learn ourselves, and will have a hard fight to make others accept it after we have learned it.

We must not be satisfied with having robbed medicine of its horrors to sensitive tastes and weak stomachs; but we must further seek to find its greatest potency for good. To do this we must ever keep in view these three points, all of which is of the utmost importance. 1. To recognize the indications calling for a certain remedy. 2. To know the size of dose to get the best effects of that remedy. 3. To know the intervals at which the doses should be repeated to best give the desired results.

It is not always best to give a remedy in small and oft repeated doses, but it is always best to give a medicine, *specifically*. Whether the dose be large or small, given at long or



short intervals, we should always have a special object in view, and should seek the remedies that will best attain that object, or else we should not prescribe at all; but in the name of justice to ourselves, and humanity toward our patients, we should be honest enough to turn the case over to some one more scientific than we.

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### La Grippe.

San Francisco has had a great number of cases of this insidious but wide-spread disease, and a large attendant mortality.

Our statistics show an unprecedented death rate in the history of our city. Nearly every case of sickness, whatever might be the form of disease, has shown that it was under the baleful influence of the *grippe*. Although the mortality has been large, among the cases treated by the *regular* fraternity both the Eclectics and Homœopaths have had a very successful treatment or else have been exceedingly lucky; with the Eclectics slightly in the lead as to successful issues. It is indeed a rare thing to see a death certificate signed by an Eclectic, and giving the cause of death as *La Grippe*.

We feel sure, almost to a certainty that many cases with *La Grippe* are hurried to an untimely grave, by over medication, and especially with medicines that have a depressing effect on the animal economy. Instead of heroic doses of Antipyrine, Quinine, Antimony and nauseating expectorants with the auxiliary influence of a drastic cathartic; Specific, medication will play her part well. A remedy for the aching head, back, and bones; small doses of the indicated sedative, when the temperature gets too high, and some small doses of a bitter tonic to relieve the resulting prostration; and we have a treatment, pleasant and eminently successful.

In thinking over the history and course of this—in other countries fatal—plague, since it first visited our state, and watching the results of the treatment usually pursued by the ordinary *regular* physician, we are thoroughly impressed with the belief that there would have been a smaller per cent of mortality, had not a dose of medicine been given by



a physician but left the patients entirely to domestic remedies and proper care.

We will mention a few remedies that will be found good in this disease if given *specifically* viz. Macrotys, Lobelia, Gelsemium, Veratrum, Jaborandi, Sanguinaria Bryonia, Collinsonia, Ipecac, and Aconite. Also small doses of Quinine, and the new antipyretics, phenacetine and antifebrin if given in small doses. Bowels to be kept open, but no strong physic given.

v.

### A Visit to the Sage Brush State.

On January 16th, we were called to Carson, Nevada, by Dr. Lee, the physician and surgeon in charge, to perform a cataract extraction on an inmate of State Penitentiary. It appears the State makes itself responsible for the proper treatment, surgical and otherwise, of all prisoners and upon this there hangs a tale.

One prisoner had an old traumatic cataract and in a recent fight ruptured the capsule and dislocated the lens into the vitreous. This set up some irritation and pain and naturally, he became anxious to have something done. There is an *all round* doctor—a specialist for everything—in Carson who learned of his case and got permission to examine it and afterward wrote it up in the papers accusing our friend Dr. Lee of incapacity—and claimed he could perform the operation for the relief of this case—and offered his services to the Governor—whereupon Dr. Lee informed the Governor that it was not expected that general surgeons perform cataract operations and that he would send to San Francisco for an oculist.

The whole trouble originated from jealousy of this ass of a doctor who thus thought to supplant Dr. Lee—the welfare of the patient not being thought of, but he was ingloriously defeated as he deserved.

I wish to bear witness that Dr. Lee is a good Eclectic and a very able physician and surgeon and a very good man, of whom we ought to be proud. We only wish he would more



actively identify himself with the interests of our school on this coast. He is not only the leading doctor in Nevada but also the leading man. c.

In another place will be found a biographical sketch and obituary of Prof. A. J. Howe of Cincinnati.

In Prof. Howe's death, not only did Cincinnati lose a worthy and influential citizen, but the E. M. Institute lost one of its most honored and successful teachers, and Eclecticism throughout the world, one of its staunchest advocates, and ablest exponents. Few men are to be found who more successfully, fearlessly, and conscientiously followed a chosen profession than did he. A remarkable coincidence with his death was what he said of himself in the January issue of the E. M. J. and was about the last writing he ever did for a medical periodical.

We copy an extract from the latter part of his article on "Specialties in Medical Practice" which reads as follows.

"Unless a physician is well fitted physically, mentally, educationally, and ethically for a surgical career, to enter upon the course leading in that direction will prove unprofitable. I am led to make these remarks by several physicians who, under the impression that I might be on the point of retiring from active practice, was desirous of entering upon a course that might lead to successorship. The lion in the way of the ambitious is that I am in the enjoyment of robust health; and my ancestors have been afflicted with longevity."

What a sad commentary on human frailty, and knowledge of the future! What a forcible reminder of the uncertainty of life. Little did Prof. Howe think, while penning the above quotation, which he did no doubt with a twinkle in his eye and a smile on his face, as he thought how long he would disappoint his would be successor, that so soon, only too soon, he must lay off his armor, and surrender to the enemy, against whom he had so long and so often successfully battled for others; that so soon there would be a need that some one succeed him. While there are many to mourn for Dr. Howe, there are few if any who can fill his place.



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### College Term.

The Intermediate term will commence on the second Monday of February this year, and continue three months. This will allow a vacation of one month in May, before the beginning of the Regular term in June. We have thought best to make this change, as a continuous term of nine months as formerly pursued left no time for vacation for either professors or students.

The prospects for a large class were never brighter than at present, as we have promises of new students, not only all over the Pacific Coast, but also from the East, and South.

We urge our friends to help us along. Send us students, that we may be able to partially supply the demand for Eclectic physicians throughout the State. The harvest is plenty, but the laborers few.

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### Has Gone and Done Likewise.

Just one year ago, appeared in our JOURNAL, a very pathetic notice from the pen of Prof. Cornwall, that Prof. Gere, had passed away. No doubt many of our readers were shocked, when their eyes first caught this notice; but after reading it carefully through, they were pleased to know that the doctor had only passed from a state of bachelorhood to that of married bliss. And now we have to record the fact that another of our number has passed the portals of an untried future. This time it is Professor Cornwall himself. If you want to know any more, ask the doctor and he will tell you all about it—perhaps. v.

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The preliminary course of lectures will begin in the Cal. Med. College, on February 8th, which is nearly a month sooner than usual. Students are already beginning to matriculate for the coming session; and we anticipate a large and enthusiastic class. Students can enter at any time up to the beginning of the regular term, June 1st. But we would advise all who can, to avail themselves of the preliminary lectures, as they will embrace special subjects which cannot be treated of, during the regular term. v.



We wish to call the attention of our readers to the change of address in the advertisement of the Drevet Manufacturing Company, on our front cover page. Their Laboratory is now at 28 Prince St. New York City, and not at 10 West 4th St. as formerly. Remember the change and send your orders directly to their new address, when you want any of the Chas. Marchand preparations. v.

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### Special Request.

If any of our readers have a May or June number of the CAL. MED. JOURNAL for 1891—which they do not care to keep, they will confer a favor by returning to this office. v.

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Dr. C. Z. Ellis of last year's class, has located in Downeville Sierra county. Dr. Ellis was one of our best students; attentive and industrious, and enters upon his professional career, well qualified to march straight forward to success.

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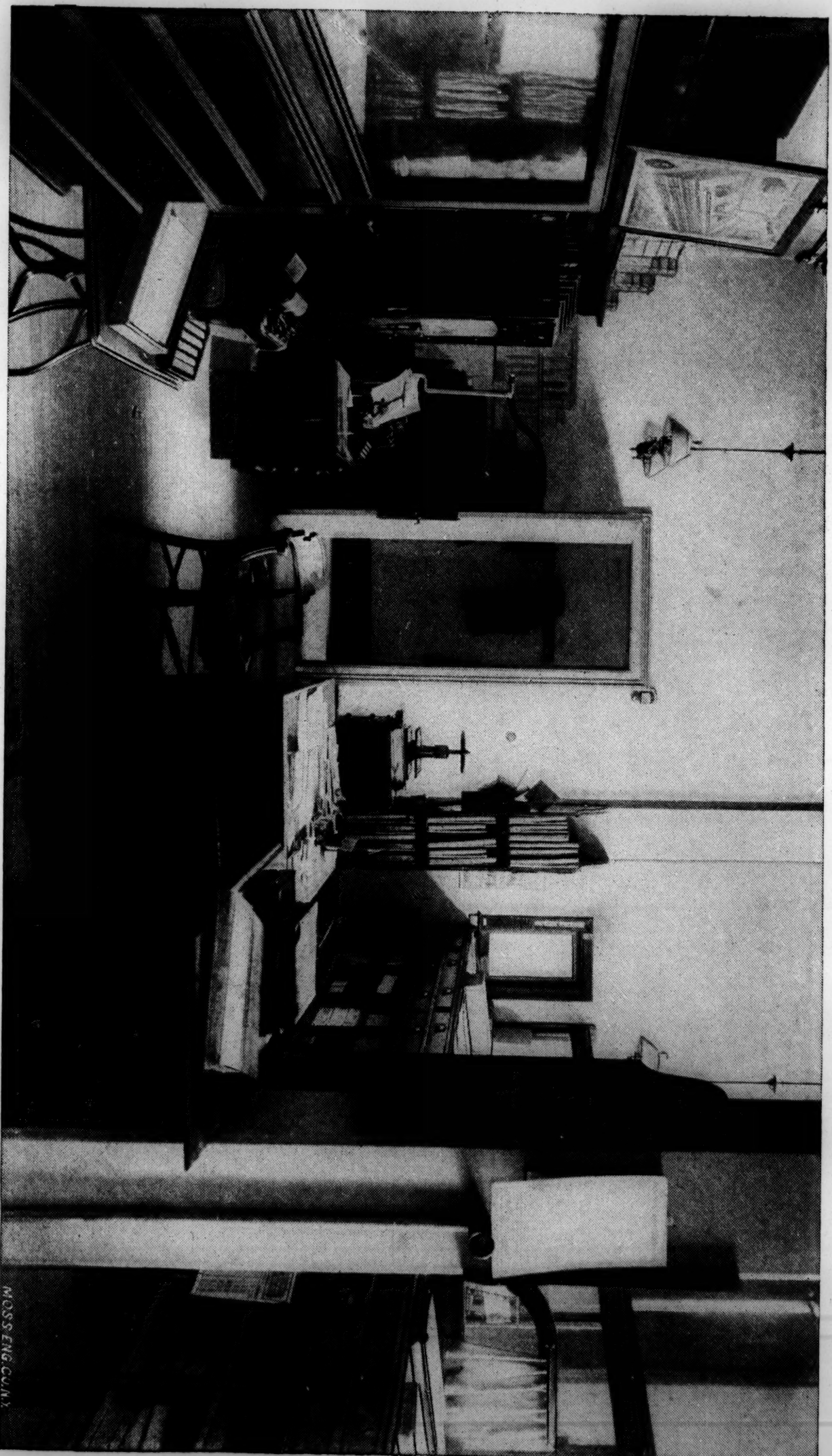
Dr. Vary, another of our last year's graduates, has entered into a lucrative practice, in Stockton, in partnership with Dr. Sargent one of Stocktons best practitioners. v.

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### National Eclectic Medical Association.

I take this opportunity to inform the members of the National Association that Andrew Jackson Howe, M. D., died at his residence, in Cincinnati, Ohio, on Saturday morning, January 16, 1892. Doctor Howe has been in very ill health for several weeks in December, but kept in active business as usual till New Year's day, when he took to his bed. He received every attention from his friends, and medical attendants, but all was unavailing. By the 9th inst. they had begun to despair; and three days later all hope was at an end. A typhoid condition had set in; on Friday morning





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the mental faculties succumbed, and at 5 A. M. the next day the curtain fell. He was in the 66th year of his age.

A man like Prof. Howe cannot fall out of our ranks without producing a deep impression. His individuality was marked; his ability and proficiency in the knowledge of his art had been everywhere acknowledged; he had few equals as an instructor; and smaller men felt their importance enhanced when they had him on their side. He was ardently in love with his calling, a diligent student, and an indefatigable contributor to its literature. His example in these respects is to be commended to every one engaging in the study and practice of the healing art. When he determined to pursue a professional career, he also resolved to qualify himself for it in the broad sense of the term—first acquiring a liberal university education, and afterward becoming a student of medicine both in a Reformed and in a leading Old School institution. No taunt of illiteracy or unskillfulness could be uttered truthfully against him. He had few superiors as a surgical practitioner.

He was as thorough and rigid with his students as he was with himself. They were made familiar with all the subjects which he attempted to teach. At Worcester when he began his career as a professor he made his mark; and the institutions at Cincinnati where he lectured in turn, were quick to recognize him as a principal attraction. The Eclectic School of Medicine holds a high rank in surgical skill and attainment because for more than a third of a century, he has been an instructor of its practitioners. All the while too, he was writing for medical journals, besides preparing text-books for the use of the profession. His labors extended also into other departments of scientific research. He had an extensive library, and was familiar with every work which it contained. He was a student to the last year of his life.

He was often hasty in his judgements and severe in criticisms, yet not implacable in temper. When he struck a blow, he often let every unkind sentiment fade out from that



instant. He was generous with money, but not ostentatious in its bestowment. His kindness to his disabled colleague, Professor King, deserves a mention, but he would have been among the last to permit it to be told. Enough to say, that he acted toward Dr. King as Dr. King would have acted toward him.

He will long be missed at our assemblings. The Eclectic Medical Institute, with which he was so long connected, will seem like another place, now that he will no longer be there. Our journals, to which he frequently—almost incessantly—contributed, will now derive inspiration from other sources. But he will not cease soon to be remembered.

To Mrs. Howe, and to all his friends, we extend our heartfelt sympathies in this hour of bereavement.

Yours truly,

ALEXANDER WILDER, M. D. SEC.

567 Orange Street, Newark, N. J.

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BOOK NOTES

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"Syphilis to Ancient and Pre-historic Times," by Dr. F. Buret. In three volumes. F. A. Davis, Publisher, Philadelphia. Price \$1.25.

The work is a complete history of Syphietis and should be read by all students and practitioners who give attention to this disease. If they do not always agree with the Author, they cannot fail to be impressed with the research and honesty of the writer.

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"Diseases of the Bladder and Prostate", by Hal. C. Wyman M. Sc. M. D. Professor of Surgery in the Michigan College of Medicine and Surgery Detroit. George S. Davis. Price paper 25 cents, cloth 50 cents.

This is a valuable little work, and will pay careful perusal and thoughtful study. It is practical and suggestive in the treatment of these diseases.

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Consumption: "How to Prevent it and How to Live with it," by W. S. Davis, Jr. A. M. M. D., Professor of Principles and Practice of Medicine, Chicago Medical College, Philadelphia and London F. A. Davis, publisher. Price 75 cts.

This brochure treats of the nature, means of prevention, the hygienic treatment of consumption. The chapters on climate are particularly worthy of consideration. Where to send a consumptive is an important consideration with the physician.

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"Treatment on Gynæcology, Medical and surgical," by S. Pozzi, M. D., translated by Brooks and Wells M. D. Wm. Word & Co., publishers New York. In two volumes. Price muslin \$6.00 sheep \$7.00 morocco \$8.00

The first volume of this work has been received, and we have given it a careful examination. The chapters on Fibroma and Carcinoma are exhaustive, and the latest medical and surgical treatment fully presented. The Author is no respecter of persons, but indulges in free criticism of men and measures, in order to arrive at what he considers the truth.

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"Lessons in The Diagnosis and Treatment of Eye Diseases," by Casey E. Wood, M. D. (Physician's Leisure Library Series.)

We have examined this work with much interest and pleasure.



It is full of instruction, and we are sure that as a hand-book of reference for the country practitioner, who can not send his patients to specialists, but must treat every form of disease himself, this book is a gem that every one should possess. It is well illustrated, and its teachings are to the point and up with the times.

Price in paper, 25 cents. Published by Geo. S. Davis, Detroit, Michigan.

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“The Physician as a Business Man; or, How to Obtain the Best Financial Results in the Practice of Medicine,” by J. J. Taylor, M. D.

In issuing this little book, the *Medical World* is, as it always is, one ahead. We have examined this work and find it something unique throughout. It is gotten up in good style and is neatly bound and is as full of original thought and good suggestions as a good head is of brains, and any physician who will follow out the suggestions it contains, will be paid a thousandfold; and we would have fewer good, capable physicians wear their lives out with excessive work and yet die poor. Get it, read it, and profit thereby. Address *Medical World*, or C. F. Taylor, 1520 Chestnut street, Philadelphia.

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